

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026726

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1840

FILED JUL 1 1963

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY <u>St. Louis</u>  | b. CITY (If outside corporate limits, give TOWNSHIP, only) <u>Crestwood</u> Length of stay in 1b <u>6 Weeks</u> | c. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>   | d. CITY OR TOWN <u>Webster Groves</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>860 Liggett Blvd</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | d. STREET ADDRESS (If outside, give location) <u>18 Armin Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |   |
| 3. NAME OF DECEASED   |   | 4. DATE OF DEATH   |   |
| First <u>Martha</u> Middle <u>Louise</u> Last <u>Nennert</u>  |   | Month <u>June</u> Day <u>7</u> Year <u>1963</u>  |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-6-1869</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>  | 9. AGE (last birthday) <u>93</u>  |
| 11a. FATHER'S NAME <u>Henry Horn</u>  |   | 11b. MOTHER'S MAIDEN NAME <u>Augusta Bock</u>  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |   | 16. SOCIAL SECURITY NO. <u>None</u>  |   |
| 17. INFORMANT <u>Elsie A. Studer</u>  |   | Address <u>18 Armin Ave. 19</u>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:   |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>   |   |  | <u>Yrs</u>  |
| DUE TO (b) <u>Arteriosclerosis</u>  |   |  | <u>Yrs</u>  |
| DUE TO (c) _____  |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.   |
|   |   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                    |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>       | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                        | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE  |
| 21. I attended the deceased from <u>1-25-42</u> to <u>6-7-63</u> and last saw her alive on <u>4-19-63</u> . Death occurred at <u>Nine P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE <u>E. W. M. Murphy M.D.</u> (Degree or title)  | 22b. ADDRESS <u>8540 Big Bend</u>   | 22c. DATE SIGNED <u>6-8-63</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>6-10-1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>  |
| 24. FUNERAL DIRECTOR <u>MITTELBERG GERBER</u> ADDRESS <u>COLONIAL CHAPEL</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>6-8-63</u>   |   |
|   |   | 26. REGISTRAR'S SIGNATURE <u>J. M. Murphy M.D.</u>   |   |

WEBSTER GROVES 19, MO. (Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUD

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J E Morris*

Licensed Embalmer No.

3360

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.